

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert Horel, Warden  
Pelican Bay State Prison  
P.O. BOX 7000  
Crescent City, CA  
95531-7000

## 2. Article Number

(Transfer from service label)

7006 0810 0001 9709 2750

PS Form 3811, February

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*W. Thompson*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*W. Thompson*

## C. Date of Delivery

*6-2*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes